

Briefing for Regional Administrator Mike Stoker, June 21, 2018

EPA Region 9's Draft Lead Action Plan

BACKGROUND - WHY FOCUS ON LEAD IN REGION 9?

There is no known safe level of lead in the blood. Even small amounts may cause learning and behavior problems in children. Lead exposure is also associated with other harmful effects in both children and adults, including neurological, cardiovascular, kidney, developmental, and reproductive outcomes. In 2012, the Centers for Disease Control lowered the reference value for blood lead level (BLL) to 5 ug/dL. CDC is currently considering whether to update the reference value from 5 to 3.5 ug/dL.

Common sources of lead include lead-based paint (pre-1978); lead-contaminated soil; lead-contaminated dust from paint or soil; lead in drinking water pipes; take-home exposure in dust brought home on clothing, equipment, or vehicles, and lead in certain imported products.

Childhood lead poisoning has commonly been viewed as a challenge for the Northeast and Midwest. CDC-funded research conducted by Tracking California (part of the Public Health Institute) suggests that *lead poisoning impacts children in all regions of the United States*, and finds that some states are reporting a higher percentage of the estimated universe of lead-poisoned children. Tracking California researchers estimated based on states' reporting to CDC that the Northeast and Midwest regions identified the highest number of lead-exposed children. The South had the highest number of children with lead exposure, yet identified only 25% of them. The West had the fewest number of lead-exposed children, but performed the worst at identification, *with only 22% of lead-exposed children identified*. Modeled estimates indicate that California identifies roughly four in ten lead-poisoned children while Nevada and Arizona identify less than 1% and about 1% of lead-poisoned children, respectively. Hawaii does not report data to the CDC so no estimate is available.

Lead exposure is not equal for all children—available data show disparities in exposure as a function of race/ethnicity, income, and geographic location. This exposure risk is disproportionately higher for racial/ethnic minorities, households living in poverty, and for children living in pre-1978 homes that do not receive government rental support. (See attachment, EJ and Lead.)

- Of the 113 National Priority List sites in R9, 36 sites tested positive for lead in soil and *17 have remedies that address lead as a contaminant of concern*.
- Of the hundreds of thousands of contractors who renovate and paint homes that might have lead-based paint and thus subject to the Lead Renovation, Repair and Paint rule, *approximately 70 thousand are based in in Region 9*.
- OCSPP relies on a formula to determine a "lead burden score" based on the number of pre-1978 housing units, children under 5, percent of families below poverty with children under 5, and the number of low-income housing units with lead based paint. Only two states have scores greater than California's. Arizona's high score is also in the top 20 lead burden scores.

ABOUT THE R9 DRAFT LEAD ACTION PLAN

In support of the Administrator's "War on Lead", each region was asked to develop and publicize an action plan to implement the interagency Federal Strategy to Reduce Childhood Lead Exposures and Associated Health Effects. The current Strategy addresses lead comprehensively through multiple federal authorities and was developed by EPA's Office of Children's Health Protection, Health and Human Services and other Senior

Steering Committee members of the President's Task Force on Environmental Health Risks and Safety Risks to Children. Ex. (b)(5): Internal Deliberative

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